



FINANCIAL MANAGEMENT
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480
TITLE I VOLUNTARY TRANSFER STUDENTS (VTS) PAYMENT REQUEST

DISTRICT NAME		COUNTY-DISTRICT CODE
DISTRICT TITLE I CONTACT	TELEPHONE NUMBER	FAX NUMBER

DIRECTIONS

This form may be submitted monthly to request payment for anticipated expenses. The signed request form must be in our office by the last day of the month, preceding the month in which your district expects payment. **Reimbursement is the preferred payment method.** The district should not request funds in excess of what they can spend before the next payment. Any interest drawn on federal funds will have to be paid back to the U. S. Department of Education. The district may request up to **seventy-five** percent of the approved amount until the final expenditure report is submitted and approved.

Mail OR fax (573) 526-6698 the completed form to: Financial Management, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480; Ph: (573) 751-4420

BUDGET CATEGORIES	Actual Expenditures (as of date of this request)	Estimated Expenditures (projected for one additional month)	Total Expenditures (Actual Expenditures plus Estimated)
6100: SALARIES			
6200: EMPLOYEE BENEFITS			
6300: PURCHASED SERVICES			
6400: MATERIALS/ SUPPLIES			
SUBTOTAL			
INDIRECT COST			
TOTALS			

	AMOUNT RECEIVED TO DATE	
	AMOUNT REQUESTED (Total Expenditures – Amount Received To Date)	
	The district may request up to seventy-five percent of the approved amount until the final expenditure report is submitted and approved. Please check below if this is your Final Expenditure Report: <input type="checkbox"/> FINAL EXPENDITURE REPORT	

I, the undersigned, as official representative designated by the Board of Education, certify the LEA to be in compliance with the assurances signed in the application(s).

SIGNATURE OF AUTHORIZED LEA REPRESENTATIVE	DATE
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